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|  VIERBICHER ASSOCIATES <small>Committed to Quality Service Since 1976</small> | | UNIFORM APPLICATION BUILDING PERMIT | | | | Permit No. _____ | | | | | |
| MADISON Toll Free: 800-261-3898 Fax: 608-826-0530 | | Wisconsin Statutes 101.63, 101.73 The information you provide may be used by other government agency programs. [(Privacy Law, S. 15.04 (1)(m))] | | | | Project Description: _____ | | | | | |
| PERMIT REQUESTED | | <input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control <input type="checkbox"/> Other: _____ | | | | | | | | | |
| Owner's Name: _____ | | | Mailing Address: _____ | | | Tel. _____ | | | | | |
| General Contractor's Name: _____ | | | Lic/Cert#: _____ | Mailing Address: _____ | | Tel. _____ | Fax# _____ | | | | |
| Electrical Contractor's Name: _____ | | | Lic/Cert#: _____ | Mailing Address: _____ | | Tel. _____ | Fax# _____ | | | | |
| Plumbing Contractor's Name: _____ | | | Lic/Cert#: _____ | Mailing Address: _____ | | Tel. _____ | FAX# _____ | | | | |
| HVAC Contractor's Name: _____ | | | Lic/Cert#: _____ | Mailing Address: _____ | | Tel. _____ | Fax# _____ | | | | |
| PROJECT DESCRIPTION | | Lot area _____ Sq. ft. | _____ 1/4, _____ 1/4, of Section _____, T _____ N, R _____ E (or) W | | | | | | | | |
| Site Address: _____ | | Subdivision Name: _____ | | Lot No. _____ | | Block No. _____ | | | | | |
| Zoning District(s) _____ | | Zoning Permit No. _____ | | Setbacks: | Front _____ ft. | Rear _____ ft. | Left _____ ft. | Right _____ ft. | | | |
| 1. PROJECT | | 3. OCCUPANCY | 6. ELECTRICAL | 9. HVAC EQUIPMENT | 12. ENERGY SOURCE | | | | | | |
| <input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Raze <input type="checkbox"/> Addition <input type="checkbox"/> Move <input type="checkbox"/> Other: _____ | | <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Commercial <input type="checkbox"/> Garage <input type="checkbox"/> Other: _____ | Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead | <input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Basebd/ Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Cond. <input type="checkbox"/> Other: _____ | Fuel _____ | Nat Gas _____ | LP _____ | Oil _____ | Elec _____ | Solid _____ | Solar _____ |
| 2. AREA INVOLVED | | 4. CONST. TYPE | 7. FOUNDATION | 10. SEWER | Space Htg _____ | Water Htg _____ | <input type="checkbox"/> Dwelling unit has 3 kilowatt or more in electric space heating equipment capacity. | 13. HEAT LOSS | | | |
| Bsmt _____ Sq Ft Living Area _____ Sq Ft Garage _____ Sq Ft Other _____ Sq Ft Total _____ Sq Ft | | <input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd: <input type="checkbox"/> WI UDC <input type="checkbox"/> U.S. HUD | <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit No.: _____ | <input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well | <input type="checkbox"/> Private On-Site Well | \$ _____ | _____ BTU/HR Total Calculated Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on WIScheck report) | 14. EST. BUILDING COST | | |
| <p>I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If I am an owner applying for an erosion control or construction permit, I have read and signed the Cautionary Statement regarding contractor financial responsibility. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.</p> <p>APPLICANT'S SIGNATURE _____ DATE SIGNED _____</p> | | | | | | | | | | | |
| APPROVAL CONDITIONS | | This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. <input type="checkbox"/> See attached for conditions of approval. | | | | | | | | | |
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| ISSUING JURISDICTION | | <input type="checkbox"/> City of _____ <input type="checkbox"/> Town of _____ <input type="checkbox"/> Village of _____ <input type="checkbox"/> County of _____ | | | | | Municipality Number of Dwelling Location _____ - _____ | | | | |
| FEES: | | INSPECTIONS REQUIRED | | | WI PERMIT SEAL # | PERMIT ISSUED BY: | | | | | |
| Plan Review \$ _____ Inspection \$ _____ WI Seal \$ _____ Other \$ _____ Total \$ _____ | | <input type="checkbox"/> Footing <input type="checkbox"/> Basement Floor <input type="checkbox"/> Foundation <input type="checkbox"/> Underfloor Plumbing/test <input type="checkbox"/> Rough Construction <input type="checkbox"/> OS Sewer Lateral/test <input type="checkbox"/> Rough Electrical <input type="checkbox"/> Electric Service <input type="checkbox"/> Rough HVAC <input type="checkbox"/> Insulation <input type="checkbox"/> Rough Plumbing/test <input type="checkbox"/> Final | | | _____ | Name _____ Date _____ Tel. _____ Cert No. _____ | | | | | |
| RECEIPT: | Check #: _____ From: _____ Rec'd by: _____ Date: _____ | | | | | | | | | | |
| DISTRIBUTION: | <input type="checkbox"/> White: File <input type="checkbox"/> Yellow: Department of Commerce <input type="checkbox"/> Pink: Municipality <input type="checkbox"/> Gold: Applicant | | | | | | | | | | |